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STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobbyist(s) Robert E. Dunn, Jr. | & Teresa R. Rosenberger |
|--|---|
| II. Name of lobbyist's partnership, firm or corporation, if | any: |
| Devine, Millimet & B | ranch, PA |
| (Name of partnership, firm or corporation) | anon, 1 A |
| Business Address: (Street) 15 North Main Street (Town/City) | Suite 300, Concord, NH 03301 (State) (Zip Code) |
| 6 03) <u>410-1704</u> 6 03) 226-10 | 001 e-mail rdunn@devinemillimet.com |
| | trosenberger@devinemillimet.com |
| | orts for each client, OR you may file a separate report for |
| ☐ All reportable transactions occurring in the months prior | to the reporting date relative to the following client: |
| N/A | |
| (Full Name of Client as it appears on the | Lobbyist Registration Form) |
| OR All reportable transactions by the lobbyist (including the lunrelated to any particular client. | obbyist's family), or the lobbying firm listed below which are |
| IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 | July 25, 2018 |
| October 31, 2018 | January 30, 2019 ☐ <i>activity from 10/1/18 to 12/31/18</i> |
| V. There have been no fees received and no reportable of this box is checked, complete just this form and submit it to Concord, NH 03301. | • • • • • • • • • • • • • • • • • • • |
| VI. Check if additional reports are attached: | |
| ☐ If you have received fees or made expenditures, you mus | t file Addendum A- Fees and Expenses |
| ☐ If you have paid an honorarium or reimbursed expenses, Expense Reimbursement | you must file Addendum B- Report of Honorariums or |
| If you, your firm, or your family has made political contr | ibutions, you must file Addendum C- Political Contributions |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and and complete to the best of my knowledge and belief. (Signature of lobbyist) | hereby swear or affirm that the foregoing information is true (Date) |
| Robert E. Dunn, Jr. (Print Name of lobbyist) | RECEIVED |
| (This raine of foodyist) | . APR 25 2018 |

NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(s) | Robert E. Dunn, | Jr. & Teresa R. Ros | enberger |
|-----------------------------|-----------------------------------|-------------------------------|---|
| I. Name of lobbyist's p | artnership, firm or cor | poration, if any: | |
| | Devine, Millimet | & Branch, PA | |
| (Name of p | partnership, firm or corporation) | | |
| III. Name of Client | N/A | | Date April 25, 2018 |
| - | | • | er 664 paid on behalf of the |
| Full name of candidate: | Feltes, Dan (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | | Office Candidate is S | |
| enter an estimated value ar | Committee to Elect | | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 250 | Office Candidate is S | Seeking |
| | ontribution on the line abo | | or services provided, and enter the ion. If the actual cost is not known, |
| Full name of candidate: | Committee to Elect | Senate Democrats (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 250 | Office Candidate is S | Seeking |

| | Robert E. Dunn, C | | enberger |
|--|---|-------------------------------------|---|
| I. Name of lobbyist's p | artnership, firm or corp | ooration, if any: | |
| | Devine, Millimet 8 | Branch, PA | |
| (Name of p | partnership, firm or corporation) | | |
| III. Name of Client | N/A | | Date April 25, 2018 |
| | | | 664 paid on behalf of the |
| Full name of candidate: | Boutin, David (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 200 | Office Candidate is S | eeking Senate |
| | | | |
| Full name of candidate: | | (First Name) | (Middle Name/Initial) |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Full name of candidate: Amount of contribution \$ | (Last Name) | (First Name) Office Candidate is So | |
| Amount of contribution \$ | (Last Name) 100 -kind contribution, provide a contribution on the line above | Office Candidate is So | eeking Senate or services provided, and enter the |
| Amount of contribution \$ | (Last Name) 100 -kind contribution, provide a ontribution on the line above and the word "estimate." | Office Candidate is So | eeking Senate |

| I. Name of Lobbyist(s) | Robert E. Dunn, J | r. & Teresa R. Ros | senberger |
|--|---|--------------------------|--|
| II. Name of lobbyist's pa | artnership, firm or corp | oration, if any: | |
| | • | | |
| (Name of n | Devine, Millimet & partnership, firm or corporation) | Branch, PA | |
| | | | |
| III. Name of Client | N/A | | Date <u>April 25, 2018</u> |
| Political Contributions | | | |
| | | ursuant to RSA Chapte | er 664 paid on behalf of the |
| client/lobbyist and lobby | ving firm, indicate the foll | owing: | |
| | | | and the same of th |
| | | | |
| Full name of candidate: | Giuda Bob | | |
| t un nume of cumulauce. | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ _ | 100 | Office Candidate is | Seeking Senate |
| Amount of contribution \$ _ | 100 | Office Candidate is | Seeking <u>Schate</u> |
| | ontribution on the line above | | s or services provided, and enter the tion. If the actual cost is not known, |
| - Control Addition of the Control of | The Assessment of the State of | | |
| | | | |
| | | | |
| Full name of candidate: | | | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ _ | 100 | Office Candidate is | Seeking Senate |
| If the contribution is an in- | kind contribution, provide a | description of the goods | s or services provided, and enter the |
| actual cost of the in-kind co | | e for amount of contribu | tion. If the actual cost is not known, |
| enter an estimated value an | id the word estimate. | | |
| | | 7-10-10-1 | |
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| | | | |
| | MATERIA S | | NAME OF THE OWNER OWNER OF THE OWNER OWNE |
| | | | |
| Full name of candidate | Possen John | | |
| Full name of candidate: | Reagan, John (Last Name) | (First Name) | (Middle Name/Initial) |

| I. Name of Lobbyist(s) _ | Robert E. Dunn, | Jr. & Teresa R. Ros | senberger |
|--|----------------------------------|---------------------|---|
| II. Name of lobbyist's p | artnership, firm or cor | poration, if any: | |
| | Daving Millimed | O Dromoh DA | |
| (Name of | Devine, Millimet of corporation) | & Branch, PA | |
| III. Name of Client | N/A | | Date April 25, 2018 |
| | | | er 664 paid on behalf of the |
| Full name of candidate: | Lasky, Bette (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 100 | Office Candidate is | Seeking Senate |
| enter an estimated value and state a | | | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 100 | Office Candidate is | Seeking Senate |
| | ontribution on the line abo | | s or services provided, and enter the tion. If the actual cost is not known |
| Full name of candidate: | Woodburn, Jeff (Last Name) | (First Name) | (Middle Name/Initial) |
| | , , , | | |
| Amount of contribution \$ | 100 | Office Candidate is | Seeking Senate |

| I. Name of Lobbyist(s) | Robert E. Dunn, Jr | . & Teresa R. Ros | senberger |
|-------------------------------|----------------------------------|---------------------------------------|--|
| II Nama of labbuist's ne | artnership, firm or corpo | ration if any | |
| II. Name of lobbyist's pa | artnersnip, iirm or corpo | ration, if any: | |
| | Devine, Millimet & | Branch, PA | |
| (Name of p | artnership, firm or corporation) | | |
| III. Name of Client | N/A | | Date April 25, 2018 |
| | | | |
| Political Contributions | sution that is non-outable mu | movement to DCA Chamte | on 444 maid on bohalf of the |
| | ring firm, indicate the follo | | er 664 paid on behalf of the |
| chiche loody ist and loody | mg mm, mareate the rone | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| Full name of candidate: | Cavanaugh, Kevin | | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ _ | 100 | Office Candidate is | Seeking Senate |
| | | | |
| If the contribution is an in- | kind contribution, provide a | description of the goods | s or services provided, and enter the |
| | | for amount of contribut | tion. If the actual cost is not known, |
| enter an estimated value an | d the word "estimate. | | |
| | | | |
| | | | 1 |
| | , | | AUGUST CONTRACTOR OF THE CONTR |
| | | | |
| | | | |
| Full name of andidates | Eullar Clark Martha | | |
| run name of candidate. | Fuller Clark, Martha (Last Name) | (First Name) | (Middle Name/Initial) |
| | , | • | |
| Amount of contribution \$ _ | 100 | Office Candidate is | Seeking Senate |
| If the contribution is an in | kind contribution provide a | description of the goods | s or services provided, and enter the |
| actual cost of the in-kind co | ontribution on the line above | for amount of contribut | tion. If the actual cost is not known, |
| enter an estimated value an | | | · |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Full name of candidate: | | | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| | | | |

| I. Name of Lobbyist(s) | Robert E. Dunn, Jr | . & Teresa R. Ro | senberger |
|--|---|---------------------|--|
| II. Name of lobbyist's pa | artnership, firm or corpo | ration, if any: | |
| | Devine, Millimet & I | Branch PA | |
| (Name of pa | artnership, firm or corporation) | Dianon, 174 | A SALE SALES AND A |
| III. Name of Client | N/A | | Date April 25, 2018 |
| | oution that is reportable puring firm, indicate the follo | | er 664 paid on behalf of the |
| Full name of candidate: | Birdsell, Regina (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 100 | Office Candidate is | Seeking Senate |
| enter an estimated value and Full name of candidate: | d the word "estimate." Gannon, William | | (Middle Name/Initial) |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ _ | 100 | Office Candidate is | Seeking Senate |
| | ontribution on the line above | | s or services provided, and enter the tion. If the actual cost is not known, |
| Full name of candidate: | Hennessey, Martha | | |
| | | | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |

| I. Name of Lobbyist(s) | Robert E. Dunn, | Jr. & Teresa R. Ro | senberger |
|-------------------------------|--|--|--|
| II. Name of lobbyist's p | artnership, firm or corp | poration, if any: | |
| | Devine, Millimet & | Rranch PA | |
| (Name of p | partnership, firm or corporation) | x Dialicii, FA | |
| III. Name of Client | | the state of the s | Date April 25, 2018 |
| | | | ter 664 paid on behalf of the |
| Full name of candidate: | Kahn, Jay (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 100 | Office Candidate is | s Seeking Senate |
| Full name of candidate: | Senate Republican (Last Name) | PAC (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 250 | Office Candidate is | Seeking |
| If the contribution is an in- | kind contribution, provide ontribution on the line above | a description of the good | ls or services provided, and enter the ution. If the actual cost is not known, |
| Full name of candidate: | | | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | (Last Name) | (First Name) Office Candidate is | (Middle Name/Initial) |

| f the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, |
|---|
| nter an estimated value and the word "estimate." |
| |
| |
| |
| f more than three contributions were made, report additional contributions on separate addendum C forms.) |
| worn Statement/Affirmation by Lobbyist |
| have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information true and complete to the best of my knowledge and belief. |
| 4/23/2 |
| Signature of lobbyist) (Date) |
| Robert E. Dunn, Jr. Print Name of lobbyist) |

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn | Staten | nent/Aff | īrma | tion | by | Lobby | yist |
|--------|--------|----------|------|------|------|--------|------|
| Statem | ent of | Income | and | Expe | ense | s for: | |

| Name of Lobbying par | tnership, firm, or corpo | oration: Devine, Milli | met & Branch, PA |
|--|--------------------------|------------------------|--|
| | | | corporation and not related to any |
| | Political Contributio | | |
| Date of Report (check | one): | | |
| April 25, 2018 🛚 | July 25, 2018 🗆 | October 31, 2018 🗆 | January 30, 2019 □ |
| | | | nd Expenses described above, and umber of Addendum forms being |
| Addendum A(s | s). | | |
| Addendum B(s | s) . | | |
| X Addendum C(s | 3). | | |
| (Signature of Jobby ist) Teresa R. Rose | my knowledge and bel | ief. | at and each Addendum is true and |
| (Print Name of Jobbyis | t) | | |